

TRANSMITTAL FORM		Application Number	10/801,930
		Filing Date	March 16, 2004
		First Named Inventor	Severine Catreux
		Art Unit	2611
		Examiner Name	Vlahos, Sophia
Total Number of Pages in This Submission	5	Attorney Docket Number	16136US02

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Notice of Appeal, 1 page, in duplicate)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.		
Signature	/Michael T. Cruz/		
Printed Name	Michael T. Cruz, Reg. No. 44,636		
Date	July 27, 2009		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 27, 2009

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	/Michael T. Cruz/		Date
			July 27, 2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 540)

<i>Complete If Known</i>	
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First Named Inventor	Severine Catreux
Examiner Name	Vlahos, Sophia
Art Unit	2611
Attorney Docket No.	16136US02

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Charge Fee(s) indicated below | <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) | <input checked="" type="checkbox"/> Credit any overpayments |
- under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee(\$) 50

Fee(\$) 25

Each independent claim over 3 (including Reissues)

Fee(\$) 210

Fee(\$) 105

Multiple dependent claims

Fee(\$) 370

Fee(\$) 185

Total ClaimsExtra ClaimsFee(\$)Fee Paid (\$)Multiple Dependent ClaimsFeeFee Paid (\$)

-20 or HP

x

= _____

HP = highest number of total claims paid for, if greater than 20

Indep. ClaimsExtra ClaimsFee(\$)Fee Paid (\$)

-3 or HP

x

= _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid(\$)

Other (e.g., late filing surcharge): Notice of Appeal (\$540)

\$540

SUBMITTED BY

Signature	/Michael T. Cruz/	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000
Name (print/type)	Michael T. Cruz		Date	July 27, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
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Design	210	105	100	50	130	65	_____
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2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee(\$)

Fee(\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

210 105

370 185

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
-20 or HP	x	=	HP = highest number of total claims paid for, if greater than 20	_____	_____	_____

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Fee	Fee Paid (\$)
-3 or HP	x	=	HP = highest number of independent claims paid for, if greater than 3	_____	_____

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-100	/50	(round up to a whole number)	x	=

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Other (e.g., late filing surcharge): Notice of Appeal (\$540)	\$540

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